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COMMONWEALTH OF KENTUCKY  
TREY GRAYSON, SECRETARY OF STATE  
ANNUAL REPORT  
DUE JUNE 30, 2005



0546373

ORGANIZATION ID #  
0546373

STATE OR COUNTRY  
OF INCORPORATION

KY

ORGANIZATION  
DATE

10/15/2002

FILING  
FEE

\$15.00

RECEIVED

JUN 02 2005

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

SUNRISE ANIMAL HEALTH CORPORATION  
757 ROSE HURST WAY  
LEXINGTON, KY 40515

SECRETARY OF STATE  
COMMONWEALTH OF KY

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form.  
Complete (4) to request a form to be mailed or download form from web site.

THOMAS CLYDE HATCH  
757 ROSE HURST WAY  
LEXINGTON, KY 40515

(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

(5) **PRINCIPAL OFFICERS** If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and give the business address for each person listed. If (5) is blank, type or print the names and business addresses of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed.

Sole Officer Thomas Clyde Hatch

Address

Address

Address

Address

Address

(6) **DIRECTORS** Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (KRS 273.211). The annual report will be returned if business addresses are not listed.

Thomas Clyde Hatch

Name

Address

Jan Hatch

Name

Address

Douglas Alvin Hatch

Name

Address

Name

Address

(7) Check here if you are a cooperative corporation ☐

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

*Thomas C. Hatch*  
Signature of Officer or Chairman of the Board

TITLE

Chairman & Pres

DATED

May 31, 2005

**ANNUAL REPORT AND FILING FEE**

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

**MAILING ADDRESS**

Trey Grayson  
Secretary of State  
P O Box 1150  
Frankfort, KY 40602-1150

**OFFICE LOCATIONS**

Secretary of State  
State Capitol, Room 154  
700 Capital Avenue  
Frankfort, KY 40601  
(502)-564-2848

Secretary of State  
363 Versailles Road  
Frankfort, KY 40601  
(502)-573-0265

**NOTE: P O Box 1150 is for  
annual report filings only.**